



Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

CK # 151083/1629  
3.6.09 \$300. RB

100 YEARS OF SUPERIOR SERVICE

DOCKET NO. 09-CPCN-12 Karen  
Kate  
Norma  
LeFeisha  
Kevin

DELAWARE

2009 MAR -6 AM 9:25

March 6, 2009

LeFeisha Williamson  
Public Service Commission  
861 Silver Lake Blvd, Cannon Bldg.  
Suite 100  
Dover, DE 19904

Dear Ms. Williamson:

Enclosed are 4 complete copies and 7 applications excluding exhibits of a Water CPCN Application for Sussex 0109..

Please contact me at (302) 453-6912 if you have any questions regarding this Application.

Sincerely,

David B. Spacht  
Chief Financial Officer & Treasurer

**APPLICATION FOR A CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY REQUIRED TO BEGIN OR EXPAND THE BUSINESS  
OF A PUBLIC WATER UTILITY**

**BEFORE THE PUBLIC SERVICE COMMISSION**

This form of application must be filed for each new or expanding water system pursuant to 26 Del. C. §203C.

**WATER UTILITIES:**

1. Basis for application:

- ☐ a. Water in the proposed service area does not meet the Regulations Governing Drinking Water Standards of the State Board of Health for human consumption (26 Del. C. § 203C(d)(2)(a)); or
- ☐ b. Water supply in the proposed service area is insufficient to meet the projected demand (26 Del. C. § 203C(d)(2)(b)); or
- ☐ c. The applicant is in possession of a signed service agreement with the developer of a proposed subdivision or development, which subdivision or development has been duly approved by the respective county government (26 Del. C. § 203C(e)(1)(a)); or
- ☒ d. The applicant is in possession of a petition signed by the parcel owners of the proposed territory to be served (26 Del. C. § 203C(e)(1)(b)); or  
**See Exhibit A**
- ☐ e. The applicant is in possession of a duly certified copy of a resolution from the governing body of a county or municipality requesting the applicant to provide service to the proposed territory to be served (26 Del. C. § 203C(e)(1)(c)).

- 2. To obtain a Certificate of Public Convenience and Necessity ("CPCN") to provide adequate water service to customers and meet the Regulations Governing Drinking Water Standards of the State Board of Health for human consumption (26 Del. C. § 203C(a)).
- 3. Artesian Water Company, Inc. requests an informal fact finding procedure during review of the application.

4. (a) Full legal name and address of the Applicant:

**ARTESIAN WATER COMPANY, INC.**  
**664 CHURCHMANS ROAD NEWARK, DE 19702**

- (b) Full name of the Utility's designated representative: **DAVID B. SPACHT**

- (c) Phone No.: **(302) 453-6912**

- (d) Fax No.: **(302) 453-6980**

5. Supporting documentation required by 26 Del. C. § 203E(1), including evidence that all landowners of the proposed territory have been notified of the application:

**See Exhibit B**

6. A complete list of county tax map parcel number(s) for the area covered by the Application:

**See Exhibit A**

7. A complete list of tax map numbers with corresponding names and addresses of property owners and a copy of the tax map(s) for the area:

**See Exhibit C**

8. The Applicant hereby certifies that the extension will satisfy the provisions of 26 Del. C. §403C, including:

(a) The Applicant is currently furnishing water to its present customers in Delaware in such fashion that water pressure at every house supplied is at least 25 pounds at all times at the service connection;

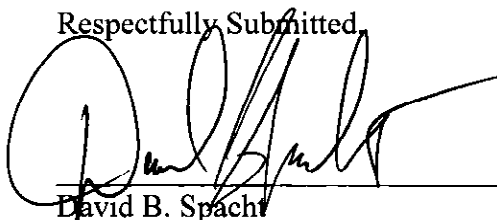
(b) The Applicant shall furnish water to the house or separate location of each new customer in Delaware at a pressure of at least 25 pounds at each location or house at all times at the connection while continuing also to supply each old customer at a pressure of at least 25 pounds at each house at all times at the service connection;

(c) The Applicant is currently not subject to a finding by the appropriate federal or state regulatory authority that we have materially failed to comply with applicable safe drinking water or water quality standards; and

(d) The Applicant is not subject to any Order issued by the Commission finding that Artesian Water Company, Inc. has materially failed to provide adequate or proper safe water services to existing customers.

9. As shown in Exhibit A, a majority of the parcel owners of the proposed territory to be served agree with the filing of a CPCN to permitting Applicant to provide them with public water.
- (a) A copy of the Application was sent to the State Fire Marshall, Department of Public Health and Department of Natural Resources on or about March 6, 2009.
- 1) The current status of such Application is: En route via mail
- (b) The Applicant provides the following additional information with this Application:
- 1) A corporate history including dates of incorporation, subsequent acquisitions and/or mergers are currently on file with the PSC;
  - 2) A chart, which depicts the inter-company relationships is currently on file with the PSC;
  - 3) A map identifying all areas, including all towns, cities, counties, and other government subdivisions to which service is already provided;
  - 4) All copies of Applicant's annual reports to stockholders, and that of its subsidiaries, and parent for the last two years are currently on file with the PSC;
  - 5) Applicant's audited financial statements, 10K's, and all proxy material for the last two years are currently on file with the PSC; and
  - 6) Any additional information required by the PSC Staff will be made available on request.

Respectfully Submitted,



David B. Spacht  
Artesian Water Company, Inc.  
664 Churchmans Road  
Newark, DE 19702  
Telephone: (302) 453-6900  
Facsimile: (302) 453-6957

# Legend

- Sussex 0109 Ex A C
- Existing CPCN
- MUNICIPAL BOUNDARIES

Harrington

Houston

Milford

Slaughter Beach

Farmington

Greenwood

Ellendale

Milton

Bridgeville

Georgetown

Seaford

Blades

Bethel

Laurel

Millsboro

Dagsboro

Frankford

Delmar

Selbyville

## Certification of Landowner Information Accuracy

I certify that I have examined and reviewed the tax records of Sussex County and that on January 6, 2009, the following listed persons are identified by those records as being the "landowners of record" (as defined by 26 Del. C. S203C(j)) of the following listed parcels:

See Attached Exhibit A



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Alan L. Fleetwood  
CPCN Coordinator

# **EXHIBIT A**

# Sussex 0109 Exhibits A and C

(I) or (P)	PARCELID	LASTNAME	FIRST_NAME	Mailing Address	City	State	Zip
P	13301400000300	Sisters Three LLC		605 County Road 23	Ridgway	CO	81432
P	135006000003801	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	23001900002402	Draper	Darlene B	830 Cypress Dr	Vineland	NJ	8360
P	23001900002602	Draper	Darlene B	830 Cypress Dr	Vineland	NJ	8360
P	23100300000404	Fruman	Anita M	6408 Western Ave	Chevy Chase	MD	20815
P	23100300000405	Fruman	Anita M	6408 Western Ave	Chevy Chase	MD	20815
P	23102100001603	Abington Lake LLC		6182 Westbury Dr	Salisbury	MD	21801
P	23102100001605	Abington Lake LLC		6182 Westbury Dr	Salisbury	MD	21801
P	23401000007500	Ward	Catharine C and Daniel P	1906 Hillcrest Ave	Pennsauken	NJ	19941
P	235006000002800	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	235006000002802	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	23501800001200	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	235019000003500	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	235024000000500	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	235024000000501	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	235024000000502	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	235024000000600	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	33100200001813	Box 64B Selbyville LLC		1200 Bank St	Baltimore	MD	21202
P	33301000001500	Derrickson	Raymond H and Marilyn A	11 Cook Ave	Media	PA	19063
P	53001000003900	Duff	Nancy G	2915 Tower Road	Huntingdon Valley	PA	19006
P	53101700001400	Gumper	Victor W and Lynn	12 Michele Lane	Hauppauge	NY	11768



# Artesian Water Company Water Service Petition

We the undersigned, request to be included in the water service territory of Artesian Water Company, Inc. for the following property in Sussex County, Delaware.

Parcel Nos.: 13301400000300

Property Description: Misc A/C Sussex County  
Property Owner(s): Sisters Thre LLC

Signature: Melinda Furb Title: \_\_\_\_\_ Date: 12-15-08  
Managing Partner for Sister's Thre LLC

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All legal owners must sign for the petition to be valid\*\***  
**\*\*If signing as an individual please list title as "owner"\*\***

Return to  
Artesian Water Company, Inc.  
664 Churchmans Road  
Newark, DE 19702

# Artesian Water Company Water Service Petition

We the undersigned, request to be included in the water service territory of Artesian Water Company, Inc. for the following property in Sussex County, Delaware.

**Parcel Nos.:** 135-6.00-38.01  
235-6.00-28.00 and -28.02  
235-18.00-12.00  
235-19.00-35.00  
235-24.00-5.00, -5.01, -5.02 and -6.00

**Property Description:** Misc A/C Sussex County  
**Property Owner(s):** Ockels Acres

Signature: Jay Ockels Title: PARTNER Date: 12-19-08

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Return to  
Artesian Water Company, Inc.  
664 Churchmans Road  
Newark, DE 19702

# Artesian Water Company Water Service Petition

We the undersigned, request to be included in the water service territory of Artesian Water Company, Inc. for the following property in Sussex County, Delaware.

**Parcel Nos.:** 23001900002402, -2602 and 33001100026500

**Property Description:** Misc A/C Sussex County  
**Property Owner(s):** Darlene B Draper

Signature: Darlene B. Draper Title: Owner Date: 12/12/08

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All legal owners must sign for the petition to be valid\*\***  
**\*\*If signing as an individual please list title as "owner"\*\***

Return to  
Artesian Water Company, Inc.  
664 Churchmans Road  
Newark, DE 19702

# Artesian Water Company Water Service Petition

We the undersigned, request to be included in the water service territory of Artesian Water Company, Inc. for the following property in Sussex County, Delaware.

Parcel Nos.: 23100300000404 and -0405

Property Description: Misc A/C Sussex County  
Property Owner(s): Anita M Fruman

Signature: *Anita M Fruman* Title: Owner Date: 12/26/2008

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All legal owners must sign for the petition to be valid\*\***  
**\*\*If signing as an individual please list title as "owner"\*\***

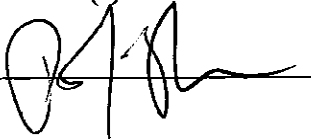
Return to  
Artesian Water Company, Inc.  
664 Churchmans Road  
Newark, DE 19702

# Artesian Water Company Water Service Petition

We the undersigned, request to be included in the water service territory of Artesian Water Company, Inc. for the following property in Sussex County, Delaware.

**Parcel Nos.:** 23102100001603 and -1605

**Property Description:** Misc A/C Sussex County  
**Property Owner(s):** Abington Lake LLC

Signature:  Title: Managing Member Date: 12/20/08

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All legal owners must sign for the petition to be valid\*\***  
**\*\*If signing as an individual please list title as "owner"\*\***

Return to  
Artesian Water Company, Inc.  
664 Churchmans Road  
Newark, DE 19702

# Artesian Water Company, Inc.

## Water Service Petition

We the undersigned, request to be included in the water service territory of Artesian Water Company Inc. for the following property in Sussex County, Delaware.

Parcel Nos.: 23401000007500

Property Description: Misc A/C Sussex County  
Property Owner(s): Catharine C & Daniel P Ward  
WILLIAM H. WARD

Signature: Catharine C Ward Date: 8-22-07

Signature: Daniel P Ward Date: 8-22-07

William H. Ward 8-22-07

9S

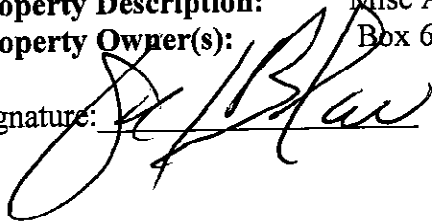
Return to  
Artesian Water Company Inc.  
664 Churchmans Road  
Newark, DE 19702

# Artesian Water Company Water Service Petition

We the undersigned, request to be included in the water service territory of Artesian Water Company, Inc. for the following property in Sussex County, Delaware.

Parcel Nos.: 33100200001813

Property Description: Misc A/C Sussex County  
Property Owner(s): Box 64B Selbyville LLC

Signature:  Title: OWNER Date: 12/1/08

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All legal owners must sign for the petition to be valid\*\***  
**\*\*If signing as an individual please list title as "owner"\*\***

Return to  
Artesian Water Company, Inc.  
664 Churchmans Road  
Newark, DE 19702

# Artesian Water Company

## Water Service Petition

We the undersigned, request to be included in the water service territory of Artesian Water Company, Inc. for the following property in Sussex County, Delaware.

Parcel Nos.: 33301000001500

Property Description: Misc A/C Sussex County  
Property Owner(s): Raymond H & Marilyn A Derrickson

Signature: Raymond Derrickson Title: Production Manager Date: 12/28/08

Signature: Marilyn A Derrickson Title: owner Date: 12/28/08

**\*\*All legal owners must sign for the petition to be valid\*\***  
**\*\*If signing as an individual please list title as "owner"\*\***

Return to  
Artesian Water Company, Inc.  
664 Churchmans Road  
Newark, DE 19702



# Artesian Water Company

## Water Service Petition

We the undersigned, request to be included in the water service territory of Artesian Water Company, Inc. for the following property in Sussex County, Delaware.

Parcel Nos.: 53001000003900

Property Description: Misc A/C Sussex County  
Property Owner(s): Nancy G Duff

Signature: Nancy G. Duff Title: Owner Date: 11-29-08

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*All legal owners must sign for the petition to be valid\*\***  
**\*\*If signing as an individual please list title as "owner"\*\***

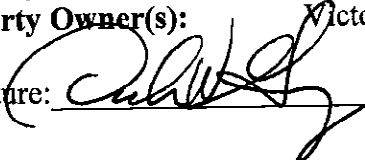
Return to  
Artesian Water Company, Inc.  
664 Churchmans Road  
Newark, DE 19702


# Artesian Water Company Water Service Petition

We the undersigned, request to be included in the water service territory of Artesian Water Company, Inc. for the following property in Sussex County, Delaware.

Parcel Nos.: 53101700001400 and -3700

Property Description: Misc A/C Sussex County  
Property Owner(s): Victor W & Lynn Gumper

Signature:  Title: \_\_\_\_\_ Date: 12/16/08

Signature:  Title: \_\_\_\_\_ Date: 12/16/08

**\*\*All legal owners must sign for the petition to be valid\*\***  
**\*\*If signing as an individual please list title as "owner"\*\***

Return to  
Artesian Water Company, Inc.  
664 Churchmans Road  
Newark, DE 19702

## **EXHIBIT B**



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

January 8, 2009

Sisters Three LLC  
605 County Road 23  
Ridgway, CO 81432

Re: Tax Parcel(s) 13301400000300

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, ~~even though you did not sign a request for the utility's water services, then you need not take any~~ further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

Artesian provides excellent customer service and water quality. A recent survey of our current customers showed that 96% of our customers, if given the choice, would choose Artesian again.

If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

*Alan L. Fleetwood*

Alan L. Fleetwood  
CPCN Coordinator

## LANDOWNER NOTIFICATION

In accordance with Delaware law and regulations of the Delaware Public Service Commission, the applicant, Artesian Water Company, Inc., must show evidence that all landowners of the proposed territory have been notified by certified mail or its' equivalent of the filing of the Application.

- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about February 10. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Sussex 0109. \*\*\*If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (3) Pursuant to current law, you may also elect to opt-out of inclusion in the proposed service area. The term "opt-out" means that you decide that you do not want to receive water service from Artesian Water Company, Inc., even if a majority of the landowners in the proposed service area do elect to receive water service from Artesian Water Company, Inc. If you decide that you do not want to receive water service from Artesian Water Company, Inc. and instead wish to opt-out, you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (4) You may also request a public hearing on this matter. A request for a public hearing must be made in writing to the Commission within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
- (5) The written notice of your decision to object to the issuance of the CPCN, to opt-out of receiving water service from Artesian Water Company, Inc., and/or your written request for a public hearing, shall be sent to the Secretary of the Delaware Public Service Commission at the address listed below.
- (6) Any written notice you send to the Commission must include the description of the service area referred to in paragraph (1) above and the name of the applicant so the Commission will be able to identify the CPCN Application to which your notice is related.
- (7) Questions regarding objections, opt-outs, and hearings may be directed to:

Secretary  
Delaware Public Service Commission  
861 Silver Lake Blvd.  
Cannon Building, Suite 100  
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

January 8, 2009

Ockels Acres  
17120 Ockels Lane  
Milton, DE 19968

Re: Tax Parcel(s) 13500600003801

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

The CPCN, when granted, will allow Artesian to be the public water service provider for your area. You are not obligated to connect to the public water system when it becomes available.

Under the law, the Public Service Commission is obligated to grant a CPCN to a utility to provide water services if a majority of the landowners in a proposed service area have requested the utility's water services. This means that even if you have not signed a request for the utility's water services, your property may be included in the utility's service area if more than half of the landowners have made such requests. If you want your property included in the service territory, even though you did not sign a request for the utility's water services, then you need not take any further action. However, if you do not want your property included in the utility's proposed service territory or if you oppose the utility providing services in the area, then you must do something under one or more of the attached options within 60 days.

Artesian provides excellent customer service and water quality. A recent survey of our current customers showed that 96% of our customers, if given the choice, would choose Artesian again.

If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

*Alan L. Fleetwood*

Alan L. Fleetwood  
CPCN Coordinator

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- "(1) Pursuant to Title 26, §203C(e) of the Delaware Code, an Application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about February 10. Your property has been included within an area Artesian Water Company, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is Sussex 0109. \*\*\*If you agree to the inclusion of your property in the proposed service area, no action on your part is required.
- (2) Pursuant to current law, you may file an objection to receiving water service from Artesian Water Company, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Artesian Water Company, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Artesian Water Company, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed Application for a CPCN, whichever is greater.
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Secretary  
Delaware Public Service Commission  
861 Silver Lake Blvd.  
Cannon Building, Suite 100  
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

January 8, 2009

Darlene B Draper  
830 Cypress Dr  
Vineland, NJ 8360

Re: Tax Parcel(s) 23001900002402

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

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Sincerely,

*Alan L. Fleetwood*

Alan L. Fleetwood  
CPCN Coordinator



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Secretary  
Delaware Public Service Commission  
861 Silver Lake Blvd.  
Cannon Building, Suite 100  
Dover, DE 19904



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January 8, 2009

Darlene B Draper  
830 Cypress Dr  
Vineland, NJ 8360

Re: Tax Parcel(s) 23001900002602

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

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Artesian provides excellent customer service and water quality. A recent survey of our current customers showed that 96% of our customers, if given the choice, would choose Artesian again.

If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

*Alan L. Fleetwood*

Alan L. Fleetwood  
CPCN Coordinator

## LANDOWNER NOTIFICATION

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January 8, 2009

Anita M Fruman  
6408 Western Ave  
Chevy Chase, MD 20815

Re: Tax Parcel(s) 23100300000404

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

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Sincerely,

*Alan L. Fleetwood*

Alan L. Fleetwood  
CPCN Coordinator

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Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

January 8, 2009

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6408 Western Ave  
Chevy Chase, MD 20815

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Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

January 8, 2009

Abington Lake LLC  
6182 Westbury Dr  
Salisbury, MD 21801

Re: Tax Parcel(s) 23102100001603

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

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Sincerely,

*Alan L. Fleetwood*

Alan L. Fleetwood  
CPCN Coordinator



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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

January 8, 2009

Abington Lake LLC  
6182 Westbury Dr  
Salisbury, MD 19941

Re: Tax Parcel(s) 23102100001605

To Whom It May Concern:

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January 8, 2009

Catharine C and Daniel P Ward  
1906 Hillcrest Ave  
Pennsauken, NJ 8110

Re: Tax Parcel(s) 23401000007500

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CPCN Coordinator

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January 8, 2009

Ockels Acres  
17120 Ockels Lane  
Milton, DE 19968

Re: Tax Parcel(s) 23500600002800

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

*Alan L. Fleetwood*

Alan L. Fleetwood  
CPCN Coordinator

## LANDOWNER NOTIFICATION

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Secretary  
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861 Silver Lake Blvd.  
Cannon Building, Suite 100  
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

January 8, 2009

Ockels Acres  
17120 Ockels Lane  
Milton, DE 19968

Re: Tax Parcel(s) 23500600002802

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

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January 8, 2009

Ockels Acres  
17120 Ockels Lane  
Milton, DE 19968

Re: Tax Parcel(s) 23501800001200

To Whom It May Concern:

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January 8, 2009

Ockels Acres  
17120 Ockels Lane  
Milton, DE 19968

Re: Tax Parcel(s) 23501900003500

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January 8, 2009

Ockels Acres  
17120 Ockels Lane  
Milton, DE 19968

Re: Tax Parcel(s) 23502400000500

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CPCN Coordinator

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January 8, 2009

Ockels Acres  
17120 Ockels Lane  
Milton, DE 19968

Re: Tax Parcel(s) 23502400000501

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CPCN Coordinator



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January 8, 2009

Ockels Acres  
17120 Ockels Lane  
Milton, DE 19968

Re: Tax Parcel(s) 23502400000502

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Secretary  
Delaware Public Service Commission  
861 Silver Lake Blvd.  
Cannon Building, Suite 100  
Dover, DE 19904



100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

January 8, 2009

Ockels Acres  
17120 Ockels Lane  
Milton, DE 19968

Re: Tax Parcel(s) 23502400000600

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

In order to provide your area with public water, Artesian must file for a Certificate of Public Convenience and Necessity (CPCN) with the Public Service Commission (PSC). Attached is information we are required to provide to all landowners within the proposed service territory prior to filing the CPCN Application.

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If we can be of any further assistance to you, please feel free to contact me at 1-800-332-5114 or (302) 453-6983.

Sincerely,

*Alan L. Fleetwood*

Alan L. Fleetwood  
CPCN Coordinator

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January 8, 2009

Box 64B Selbyville LLC  
1200 Bank St  
Baltimore, MD 21202

Re: Tax Parcel(s) 33100200001813

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

January 8, 2009

Raymond H and Marilyn A Derrickson  
11 Cook Ave  
Media, PA 19063

Re: Tax Parcel(s) 33301000001500

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

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CPCN Coordinator



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Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

January 8, 2009

Nancy G Duff  
2915 Tower Road  
Huntingdon Valley, PA 19006

Re: Tax Parcel(s) 53001000003900

To Whom It May Concern:

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CPCN Coordinator

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100 YEARS OF SUPERIOR SERVICE

Artesian Water Company ▲ Artesian Wastewater Management ▲ Artesian Utility Development ▲ Artesian Water Maryland

January 8, 2009

Victor W and Lynn Gumper  
12 Michele Lane  
Hauppauge, NY 11788

Re: Tax Parcel(s) 53101700001400

To Whom It May Concern:

We recently received signed petitions requesting that Artesian Water Company, Inc. provide water service to properties near you.

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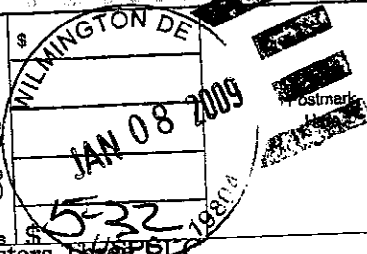
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7006 0810 0002 3743 6148

Postage \$  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees \$



Sent To  
Street, Apt. No.  
or PO Box No.  
City, State, Zip  
PS Form 3800

Sisters Three LLC  
605 County Road 23  
Ridgway, CO 81432  
SX0109

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sisters Three LLC  
605 County Road 23  
Ridgway, CO 81432  
SX0109

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  ☒ Agent ☐ Addressee

B. Received by (Printed Name) J. H. N. K. C. Date of Delivery 1/13/09

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number  
(Transfer from service label)

7006 0810 0002 3743 6148

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

9129 4742 2000 0790 9006

**U.S. Postal Service™**  
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**OFFICIAL USE**

Postage \_\_\_\_\_  
 Certified Fee \_\_\_\_\_  
 Return Receipt Fee (Endorsement Required) \_\_\_\_\_  
 Restricted Delivery Fee (Endorsement Required) \_\_\_\_\_  
 Total Postage \_\_\_\_\_

Postmark Here

**WASHINGTON DE**  
**JAN 08 2009**  
**5:32 PM**

Sent To **Ockels Acres**  
**17120 Ockels Lane**  
**Milton, DE 19968**  
**SX0109**

PS Form 3800

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>Cheryl Ockels</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p><b>Ockels Acres</b>  <b>17120 Ockels Lane</b>  <b>Milton, DE 19968</b>  <b>SX0109</b></p>		<p>B. Received by (Printed Name)  <u>Cheryl Ockels</u></p>	<p>C. Date of Delivery</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number          (Transfer from service label)</p>		<p><b>7006 0810 0002 3743 6216</b></p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

7006 0810 0002 3743 6247

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**OFFICIAL USE**

Postage		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
Sent To 830 Cypress Dr Vineland, NJ 8360 SX0109		
Street, Apt. # or PO Box No. City, State, Z		
PS Form 380		

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Darlene B Draper  
 830 Cypress Dr  
 Vineland, NJ 8360  
 SX0109

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X <i>D. Draper</i>		<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Draper</i>		C. Date of Delivery <i>1/6</i>
D. Is delivery address different from item 1? If YES, enter delivery address below:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number  
 (Transfer from service label)

7006 0810 0002 3743 6247

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



7006 0810 0002 3743 6254

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage \$		
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent To: **Darlene B Draper**  
**830 Cypress Dr**  
**Vineland, NJ 8360**  
**SX0109**

PS Form 380

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>Darlene B Draper</b>  <b>830 Cypress Dr</b>  <b>Vineland, NJ 8360</b>  <b>SX0109</b></p> <p>2. Article Number  (Transfer from service label)</p>	<p>A. Signature  X <i>Darlene B Draper</i> <span style="float: right;"><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name)  <i>Draper</i></p> <p>C. Date of Delivery  <i>1/10</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7006 0810 0002 3743 6254

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0810 0002 3743 6292

**U.S. Postal Service™**  
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*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees  
Anita M Fruman

Sent To 6408 Western Ave  
 Street, Ap Chevy Chase, MD 20815  
 or PO Box SX0109  
 City, State

PS Form

JAN 08 2009

mark  
Here

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Anita M Fruman  
 6408 Western Ave  
 Chevy Chase, MD 20815  
 SX0109

2. Article Number

(Transfer from service label)

7006 0810 0002 3743 6292

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address ☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™**  
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 For delivery information visit our website at [www.usps.com](http://www.usps.com)

7006 0810 0002 3743 6308

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$5.45

AN 08 2009

Postmark Here

Sent To  
 Anita M Fruman  
 6408 Western Ave  
 Chevy Chase, MD 20815  
 SX0109

PS Form 380

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Anita M Fruman  
 6408 Western Ave  
 Chevy Chase, MD 20815  
 SX0109

2. Article Number  
 (Transfer from service label)

7006 0810 0002 3743 6308

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address ☒ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7006 0810 0002 3743 6285

**U.S. Postal Service<sup>TM</sup>**  
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**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees

Abington Lake LLC  
 6182 Westbury Dr  
 Salisbury, MD 19941  
 SX0109

Sent To  
 Street, Apt.  
 or PO Box  
 City, State, ZIP+4<sup>®</sup>

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Abington Lake LLC  
 6182 Westbury Dr  
 Salisbury, MD 19941  
 SX0109

2. Article Number  
*(Transfer from service label)*  
 7006 0810 0002 3743 6285

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]* 1/12/09 ☒ Agent ☐ Addressee

B. Received by *(Printed Name)*  
 C. Date of Delivery  
 1/12/09

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service<sup>TM</sup>  
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**OFFICIAL USE**

Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees

WILMINGTON DE  
JAN 08 2009  
65321950

Postmark

Sent To  
Abington Lake LLC  
6182 Westbury Dr  
Salisbury, MD 21801  
SX0109

PS Form 3800, J

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Abington Lake LLC  
6182 Westbury Dr  
Salisbury, MD 21801  
SX0109

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *[Signature]* 1/12/09 ☒ Agent ☐ Addressee  
B. Received by (Printed Name)  
C. Date of Delivery  
1/12/09  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.  
4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 6278

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 6315

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**OFFICIAL USE**

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		
Sent To Catharine C and Daniel P Ward 1906 Hillcrest Ave Pennsauken, NJ 8110 SX0109		
PS Form 3800		

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Catharine C and Daniel P Ward  
1906 Hillcrest Ave  
Pennsauken, NJ 8110  
SX0109

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <i>Patricia A Ward</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>PATRICIA A WARD</i>	C. Date of Delivery <i>JAN 15 2009</i>
D. Is delivery address different from item 1? If YES, enter delivery address below:	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Registered Mail with Signature Required <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number

(Transfer from service label)

7006 0810 0002 3743 6315

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

6229 642E 2000 0190 9002

U.S. Postal Service<sup>TM</sup>  
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OFFICIAL USE

Postage  
Certified Fee  
Return Receipt Fee  
(Endorsement Required)  
Restricted Delivery Fee  
(Endorsement Required)  
Total Postage & Fees

JAN 08 2009

Postmark  
Here

Ockels Acres

Sent To  
17120 Ockels Lane  
Street, Apt.  
or PO Box  
City, State  
Milton, DE 19968  
SX0109

PS Form

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ockels Acres  
17120 Ockels Lane  
Milton, DE 19968  
SX0109

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Signature]*

☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*Cheryl Ockels*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 6223

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

7006 0810 0002 3743 6155

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**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

WILMINGTON DE

**JAN 08 2009**

5-32

Ockels Acres 19804

Postmark

**Sent To**

17120 Ockels Lane

Milton, DE 19968

SX0109

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <div style="display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">x</span> <div style="margin-left: 10px;"> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name)  Cheryl Cocksels </p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Ockels Acres  17120 Ockels Lane  Milton, DE 19968  SX0109</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="display: flex; justify-content: space-between;"> <span>7006 0810 0002 3743 6155</span> </div>	
<div style="display: flex; justify-content: space-between;"> <span>PS Form 3811, February 2004</span> <span>Domestic Return Receipt</span> <span>102595-02-M-1540</span> </div>	



9919 442E 2000 0790 9002

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For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Sent To: **Ockels Acres**  
**17120 Ockels Lane**  
**Milton, DE 19968**  
**SX0109**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>Cheryl Cocks</b></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>Ockels Acres</b>  <b>17120 Ockels Lane</b>  <b>Milton, DE 19968</b>  <b>SX0109</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7006 0810 0002 3743 6186</p>	

6029 643 2000 0190 9002

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**OFFICIAL USE**

Postage	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$5.30

Postmark  
Here

Sent To  
17120 Ockels Lane  
Milton, DE 19968  
Street, Apt. No.  
or PO Box No.  
City, State, Zip  
SX0109

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ockels Acres  
17120 Ockels Lane  
Milton, DE 19968  
SX0109

2. Article Number  
(Transfer from service label)

7006 0810 0002 3743 6209

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*Cheryl Ockels*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Cheryl Ockels

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$ 3.32

Sent To  
 Ockels Acres  
 17120 Ockels Lane  
 Milton, DE 19968  
 City, State, ZIP: SX0109

Postmark Here

JAN 08 2009  
 3-32

PS Form 3800

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <i>Cheryl Ockels</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Ockels Acres            17120 Ockels Lane            Milton, DE 19968            SX0109</p>		<p>B. Received by (Printed Name)  <i>Cheryl Ockels</i></p> <p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>		<p>7006 0810 0002 3743 6193</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

7006 0810 0002 3743 6230

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
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**OFFICIAL USE**

Postage  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage

**WILMINGTON DE**  
**JAN 08 2009**  
**Ockels Acres**

Sent To  
 Street, Apt. No. or PO Box No.  
 City, State, ZIP

17120 Ockels Lane  
 Milton, DE 19968  
 SX0109

PS Form 3800

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <b>X</b> <i>Cheryl Ockels</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Ockels Acres            17120 Ockels Lane            Milton, DE 19968            SX0109</p>		<p>B. Received by (Printed Name) <i>Cheryl Ockels</i> C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number            (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7006 0810 0002 3743 6230</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 0810 0002 3743 6179

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**OFFICIAL USE**

Postage

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

WASHINGTON DE

**JAN 08 2009**

532

Ockels Acres

Postmark Here

Sent To **17120 Ockels Lane**  
**Milton, DE 19968**  
**SX0109**

Street, Apt. # or PO Box No  
 City, State, Z

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <b>X Cheryl Ockels</b> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <b>Cheryl Ockels</b></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><b>Ockels Acres</b>  <b>17120 Ockels Lane</b>  <b>Milton, DE 19968</b>  <b>SX0109</b></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes              If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number              (Transfer from service label)</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail                         </div> <div> <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.                         </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p><b>7006 0810 0002 3743 6179</b></p>	
<p>PS Form 3811, February 2004</p>	

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
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 For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Postmark Here

Sent To  
 Ockels Acres  
 17120 Ockels Lane  
 Milton, DE 19968  
 SX0109

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ockels Acres  
 17120 Ockels Lane  
 Milton, DE 19968  
 SX0109

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Cheryl Ockels* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
*Cheryl Ockels*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

7006 0810 0002 3743 6162

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

2229 442E 2000 0180 7007

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**OFFICIAL USE**

Postage  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Postmark Here

WASHINGTON DE  
 JAN 08 2009  
 5-3-19004

Sent To  
 Street, Apt. 1 or PO Box A  
 City, State, ZIP+4®

Box 64B Selbyville LLC  
 1200 Bank St  
 Baltimore, MD 21202  
 SX0109

PS Form 3811

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Box 64B Selbyville LLC  
 1200 Bank St  
 Baltimore, MD 21202  
 SX0109

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7006 0810 0002 3743 6322

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service<sup>TM</sup>  
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For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total Postage & Fees \$

Postmark  
 JAN 08 2009  
 532

Sent To  
 Raymond H and Marilyn A  
 Derrickson  
 11 Cook Ave  
 Media, PA 19063  
 SX0109

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature            X <i>Marilyn Derrickson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Marilyn Derrickson</i> C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>M</i></p>	
<p>1. Article Addressed to:</p> <p>Raymond H and Marilyn A            Derrickson            11 Cook Ave            Media, PA 19063            SX0109</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number            (Transfer from service label)</p> <p>7006 0810 0002 3743 6339</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540



U.S. Postal Service TM  
**CERTIFIED MAIL TM RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)



For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage \$	42
Certified Fee	2.70
Return Receipt Fee (Endorsement Required)	2.20
Restricted Delivery Fee (Endorsement Required)	JAN 08 2005
Total Postage	

Sent To: Nancy G Duff  
 2915 Tower Road  
 Huntingdon Valley, PA 19006  
 Street, Apt. No. or PO Box No. SX0109  
 City, State, ZIP

PS Form 3800

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p> <p>B. Received by (Printed Name)  C. Date of Delivery 1/9/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Nancy G Duff          2915 Tower Road          Huntingdon Valley, PA 19006          SX0109</p>		<p>3. Service Type: <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7006 0810 0002 3743 6353</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 0810 0002 3743

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Postmark Here

08 2009

Victor W and Lynn Gumper  
 12 Michele Lane  
 Hauppauge, NY 11788  
 SX0109

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to  
 Victor W and Lynn Gumper  
 12 Michele Lane  
 Hauppauge, NY 11788  
 SX0109

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name)  
*Victor W Gumper*

C. Date of Delivery  
 1/10/09

D. Is delivery address different from item 1? ☐ Yes ☒ No  
 If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

7006 0810 0002 3743 6360

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

## **EXHIBIT C**

# Sussex 0109 Exhibits A and C

(I) or (P)	PARCELID	LASTNAME	FIRST_NAME	Mailing Address	City	State	Zip
P	13301400000300	Sisters Three LLC		605 County Road 23	Ridgway	CO	81432
P	135006000003801	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	230019000002402	Draper	Darlene B	830 Cypress Dr	Vineland	NJ	8360
P	230019000002602	Draper	Darlene B	830 Cypress Dr	Vineland	NJ	8360
P	231003000000404	Fruman	Anita M	6408 Western Ave	Chevy Chase	MD	20815
P	231003000000405	Fruman	Anita M	6408 Western Ave	Chevy Chase	MD	20815
P	231021000001603	Abington Lake LLC		6182 Westbury Dr	Salisbury	MD	21801
P	231021000001605	Abington Lake LLC		6182 Westbury Dr	Salisbury	MD	19941
P	234010000007500	Ward	Catharine C and Daniel P	1906 Hillcrest Ave	Pennsauken	NJ	8110
P	235006000002800	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	235006000002802	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	235018000001200	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	2350190000003500	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	2350240000000500	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	2350240000000501	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	2350240000000502	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	2350240000000600	Ockels Acres		17120 Ockels Lane	Milton	DE	19968
P	331002000001813	Derrickson	Raymond H and Marilyn A	1200 Bank St	Baltimore	MD	21202
P	333010000001500	Duff	Nancy G	11 Cook Ave	Media	PA	19063
P	530010000003900	Gumper	Victor W and Lynn	2915 Tower Road	Huntingdon Valley	PA	19006
P	531017000001400	Gumper		12 Michlele Lane	Hauptpaugue	NY	11788